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FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Moldova

SUMMARY

The Executive Director presents the country programme strategy note for Moldova for a programme of cooperation for the period 1997 to 2001.

The main problems faced by children in Moldova are related to the sudden dramatic decline in living standards associated with the transition to a market economy. Household incomes have fallen by over 70 per cent in the five years leading up to 1994, and public finances are at a level that can no longer sustain basic social services. In such circumstances, infant and under-five mortality rates rose 36 and 30 per cent, respectively, in the period 1989-1994. The country's educational achievements also are threatened, owing primarily to a lack of funding for schools. The main objectives of the new programme are to arrest the rise in the infant and child mortality rates and lay the foundation for decreasing 1995 rates by 25 per cent by 2001. Sustaining the coverage and quality of primary education also will be an important focus of the programme. With the Convention on the Rights of the Child as the guiding principle, the programme strategies will build on Moldova's existing strengths in human resources and physical infrastructure. Assistance will be provided to help redevelop capacities relevant to the changing Moldovan society and take advantage of the opportunities presented by the ongoing social policy reform. The initial emphasis on service delivery will gradually give way to increased support for the reform process and the empowerment of families for greater self-reliance.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Moldova gained independence from the former Soviet Union in August 1991, and the transition is proving to be an extremely difficult experience for the people of the country. Annual inflation rates of over 1,000 per cent in 1992 and 1993 led to real wages dropping by 71 per cent in the period 1989-1994. This has had the effect of plunging over 50 per cent of families into a state of poverty, exacerbated by a correspondingly dramatic decline in public expenditure on health, education and other social services.

2. The main indicator of the deteriorating situation of children is the increase in the infant mortality rate (IMR) from 16.6 per 1,000 live births in 1990 to 22.6 in 1994. The under-five mortality rate (U5MR) rose from 21.9 per 1,000 live births to 28.5 in the same period. The two main causes, acute respiratory infections (ARI) and perinatal complications, can be attributed largely to shortages of appropriate drugs and medical supplies caused by cutbacks in the health budget. Perinatal complications are indicated in 30 cent of the cases of infant mortality, and a growing number of children - up from 14.4 per 1,000 live births in 1990 to 17.4 in 1994 - are born with congenital deformities.

3. Breast-feeding is on the decline. In 1994, only 68 per cent of children under three months of age were breast-fed. On the positive side, a national breast-feeding programme is being developed for implementation in 1996.

4. A recent positive trend is the virtual halving of the maternal mortality rate from 33.2 per 100,000 live births in 1993 to 17.7 in 1994. The decrease is probably due to reductions in both the crude birth rate and the abortion rate. UNICEF is assisting a government survey on the magnitude and severity of the anaemia problem, which is believed to affect over 50 per cent of pregnant women, and vitamin A and D deficiencies among children under five years of age. With assistance from the Governments of Japan and the United States of America and UNICEF, immunization coverage rates for children under one year old rose to over 80 per cent for all antigens in 1994. However, Moldova has been affected by the diphtheria epidemic. As part of a regionwide campaign, mass vaccination of the entire population against diphtheria was under way with UNICEF support in the last quarter of 1995.

5. Between orphanages and schools for children with special needs, there are reported to be 20,000 institutionalized children in Moldova. The situation of those children requires special attention because of the consequences of the drastic cuts in state support for institutions. UNICEF will support an investigation into the causes and effects of institutionalization on children.

6. In the search to adjust education to the needs of a changing society, the Ministry of Education and others find that there is no real mechanism to coordinate reform. Moreover, due to lack of resources and raw materials, there are severe difficulties with the production of educational supplies. On the positive side, Moldova has universal literacy and a good school infrastructure.

7. Guided by the Convention on the Rights of the Child, a law on child rights was approved by a Parliamentary decree. The Ministry of Labour, Social and Family Protection is working with other ministries and departments to implement the "State Programme on the Rights of Children". The United Nations Development Programme (UNDP) is taking the lead in providing support to the Government for the creation of an ombudsperson for children.

8. Some new social phenomena include street children, school absenteeism of poorer children owing to lack of clothing and shoes, and a 50 cent rise in the incidence of youth crime in the period 1989-1994.

LESSONS LEARNED FROM PAST COOPERATION

9. The first UNICEF programme was approved by the Executive Board in May 1995 to cover the period 1995-1996. Thus, experience with programme cooperation is limited to only about six months at the time the present document was being prepared.

10. UNICEF will continue to establish a role as an effective partner in improving the conditions of Moldovan children. The initial emphasis to help sustain the collapsing maternal and child health (MCH) service with vaccines, cold-chain equipment, basic drugs, medical supplies and school materials have provided evidence to the Ministries of Health and Education that UNICEF can help in a time of crisis. The credibility gained from being a partner in time of need can be expanded upon to assist with the reform of social sector policies. Thus, the new country programme should continue to include a significant service delivery strategy, while introducing a strong focus on policy reform and the redevelopment of services.

11. The decline in the purchasing power of salaries has led to a high degree of demoralization among public sector workers. Therefore, imaginative programming approaches will need to be employed to improve motivation among these key personnel. On the other hand, there is tremendous scope, in what is a relatively sophisticated media environment, to empower families with knowledge for a better life.

12. UNICEF support to policy reform and capacity redevelopment can have a much greater long-term impact than the provision of goods and services. Also, with such a strong human resource and infrastructural base already in existence, conditions are especially conducive to programme sustainability.

PROPOSED COUNTRY PROGRAMME STRATEGY

13. The development of a strategy for the first five-year country programme in Moldova is still very much a work-in-progress. This is due primarily to the fact that the first programme began only in mid-1995. Moreover, the UNICEF office is still at the formative stage. In addition, a situation analysis is due for completion in early 1996 to confirm priority problems and provide a better guide for strategy formulation. Further research into the nature of specific problems, such as iodine deficiency disorders (IDD), also needs to be carried out. Notwithstanding, the proposed country programme objectives are (a) to arrest the increasing IMR and U5MR and set the foundations for a 25 per cent reduction of 1995 rates by 2001; (b) to bolster the health delivery system at its weakest points while simultaneously developing more cost-effective and efficient means of primary health care (PHC) delivery; (c) to prevent any further decline in the quality and accessibility of primary education and promote reforms appropriate to the needs of the changing Moldovan society; and (d) to promote implementation of the Convention on the Rights of the Child and the formulation of a national programme of action (NPA) to achieve the end-decade goals for children.

14. Capacity redevelopment is the cornerstone of the country programme strategy because it builds on the country's achievements and its highly

developed human and physical resource base. Moldova's delivery systems need to be reshaped, or redeveloped, in a manner that the people and the country can afford. Capacity redevelopment will involve a great deal of staff reorientation and retraining, new style management systems and the reform of policies in virtually every part of the social sector. Experience gained in other countries of the Commonwealth of Independent States also have applications in the Moldovan context. Facilitating the exchange of such experience is a contribution that UNICEF and donors can bring to the process of capacity development.

15. A service delivery strategy is necessary to maintain services while reforms are formulated and tested. For example, the country cannot afford essential immunization supplies and equipment, nor essential drugs and basic medical supplies for paediatric wards, maternities and MCH clinics in its present economic condition. UNICEF, therefore, will help to fill these supply gaps. Without essential supplies, the prime objective of arresting the rise in IMR and U5MR will not be achieved. As the country programme progresses, it is anticipated that the supply component will diminish gradually to be replaced by assistance to policy implementation and evaluation. The supply gap should be filled increasingly by funds generated from patient fees and new private health insurance schemes.

16. Practically every home in Moldova has a radio and television set. However, decades of propaganda have made winning the confidence of the population a huge challenge in terms of using the mass media for empowering families and individuals with the knowledge and sense of responsibility needed to improve their own lives. Stimulating a sense of self-reliance in people for aspects of their lives traditionally perceived as government business will require creativity and imagination.

17. Advocacy also will be an important strategy. Political leaders, parliamentarians, government officials, non-governmental organizations (NGOs), print and electronic media, religious groups, artists, intellectuals and other groups will be sensitized to the need for placing children at the top of the country's development agenda. The Convention on the Rights of the Child, in the form of "the State Programme on the Rights of Children", and formulation of an NPA will be the principal frameworks for mobilizing the leaders and decision makers of Moldovan society behind national and local movements for children.

18. As the funding available to UNICEF is relatively modest, effective implementation of the new programme will require close collaboration with other United Nations agencies, especially UNDP and the World Bank, both of which have offices in Moldova. Continued collaboration with the representatives of the United States Agency for International Development and the European Union also will be important, since both of these organizations already have provided funding to UNICEF for the diphtheria control programme. Cooperation with international and local NGOs will be fundamental for achieving more community involvement to strengthen programme effectiveness.

19. There will be two principal clusters of programme activity: PHC and information, education and communication (IEC). Essential national research also will be a supported, as many aspects of child welfare need further analysis for programme and policy formulation. The principal activities in the PHC programme will be immunization; ARI control; safe motherhood; nutrition, especially the Baby-Friendly Hospital Initiative; and policy reform. It is anticipated that the IDD problem will be brought under control before the end of the current programme in December 1996.

20. The IEC cluster will include assistance to primary and pre-primary schooling, as well as to children in institutions. Essential research for policy reform also will be supported.

21. UNICEF staff will comprise one international Professional project officer, three national officers and four support staff. National and international experts also will be employed periodically as consultants, primarily for research and policy work.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Primary health care	2 500	2 500	5 000
Information, education and communication	1 250	2 500	3 750
Total	3 750	5 000	8 750

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY PROGRAMME STRATEGY NOTE**

Turkey

SUMMARY

The Executive Director presents the country programme strategy note for Turkey for a programme of cooperation for the period 1997 to 2000.

Some national social indicators point towards great improvement in the situation of mothers and children in Turkey; however geographic and gender disparities require further attention. Analysis of the past programme of cooperation between UNICEF and the Government of Turkey indicates that UNICEF cooperation should be more strategically focused, with both the Government and non-governmental organizations, in order to strengthen effectiveness.

The new country programme will extend beyond child survival and development issues to address child protection and participation as well. The Government proposes, by the year 2000, to reduce the infant mortality rate by one third; to halve the under-five mortality rate, maternal mortality and the rate of malnutrition among children under five years old; and to achieve universal access to basic education. A related goal will be the eradication of illiteracy, and 80 per cent of children will complete eight years of primary education. Access to safe water supplies and sanitation also will be promoted. The new strategies will emphasize strengthening technical capacity-building for service delivery, empowerment, advocacy for social policy development, and monitoring.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Turkey is a middle-income country of nearly 60 million people, one third of whom are children under 15 years of age. Public expenditure on basic social services has been significant, but there are still important, unmet challenges, such as the reduction of regional disparities.

2. Progress towards national goals is impressive. Compulsory education is moving from five to eight years, as the rate of completion and quality of education improve. The primary school enrolment rate is 91 per cent for boys and 85 per cent for girls (1992); however, nearly 6.5 million women in the 14- to 44-year age-group and 2 million children in the 7- to 14-year age-group consider themselves illiterate (1990).

3. Since 1991, vaccinations have become routine and national expanded programme on immunization (EPI) coverage is 78 per cent; 39 out of 56 targeted hospitals are certified as "baby-friendly"; and the contraceptive prevalence rate is 63 per cent. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) have been reduced by 35 per cent since 1990 to 52.6 and 60.9 per 1,000 live births, respectively, in 1993. However, they are 15 per cent higher in the east of the country. In addition, 56 per cent of infant deaths occur in the first four weeks of life. Some 10 per cent of children in Turkey are under weight (indicating both acute and chronic malnourishment). Malnutrition rates in the east are almost three times higher than in the western and southern parts of the country, with up to 50 per cent of children stunted. The maternal mortality rate continues to be high, at 132 per 100,000 live births, reflecting problems of education and quality of antenatal care and care at delivery.

4. Regional disparities in basic services are a result of physical inaccessibility and security problems in the south-east. While Government initiatives in impoverished regions have been constrained owing to the lack of funds, unemployment continues to rise in urban settlements due to rapid rural to urban migration. This puts pressure on social services and housing. Nationwide, water supply and sanitation systems also remain inadequate, especially in rural areas. Since Turkey ratified the Convention on the Rights of Children in 1994, there is heightened public awareness concerning the growing number of children in difficult circumstances, in both urban and rural settlements, with implications for UNICEF cooperation.

LESSONS LEARNED FROM PAST COOPERATION

5. The goals for Turkey's children are shifting from survival to development and protection, although some linkages connect these areas, such as the sustainability of gains in child survival. This shift calls for strengthening partnerships with both the Government of Turkey and non-governmental organizations (NGOs). Turkey now has less need for material support from UNICEF. On the other hand, UNICEF cooperation will continue to serve as a catalyst to mobilize national resources to improve the well-being of women and children. As a result, UNICEF also will seek closer cooperation with other United Nations agencies, building on the United Nations country strategy note. UNICEF strategies to enhance cooperation in Turkey will include

capacity-building, empowerment, advocacy and monitoring. Thus, the role and composition of the Child Intersectoral Board, which guided implementation of the 1991-1996 programme of cooperation, will be reviewed to enhance the new cooperation.

6. The success in increasing antenatal care visits needs to be sustained by improving the quality of care so that it has a greater impact on maternal and neonatal mortality. Senior and mid-level managers have been trained in the areas of EPI, the control of diarrhoeal diseases and acute respiratory infections, and community education. However, health workers, who are the population's first contact with the health system, also need refresher courses that cover a range of issues, including hygiene, nutrition and primary health care (PHC).

7. Government media have disseminated health-related messages nationwide, but the growing number of private television and radio channels calls for a more participatory communications and advocacy strategy. Local authorities also can be more active partners and advocates for children's issues, as can women's volunteers groups. Technical support and capacity-building activities will be needed, however, to strengthen sustainability.

8. Facts for Life messages have been integrated into the existing primary education curriculum, and related educational materials are being prepared. More action-oriented, interactive learning and teaching strategies have been adopted in all training activities, but curricula must be strengthened if they are to address needs such as child care, income generation and the social status of women. The women's training project has had a positive but limited impact and will be redesigned accordingly.

PROPOSED COUNTRY PROGRAMME STRATEGY

9. UNICEF will assist Turkey in attaining the goals outlined its national programme of action. The Government proposes that by the year 2000, IMR will be reduced by one third and the U5MR will be halved. Maternal mortality and malnutrition among children under five years old will both be reduced by one half through the reduction of regional disparities. Universal access to basic education will be achieved. A related goal will be the eradication of illiteracy and 80 per cent of children completing eight years of primary education. Access to safe water supplies and sanitation also will be promoted.

10. The problems of children in difficult circumstances will be addressed by providing better education and training opportunities. UNICEF will encourage the elimination of all forms of discrimination against women in a culturally-sensitive manner. Development of clearly defined government policies on children and women facing hardship will be encouraged.

11. Service delivery, capacity-building, empowerment and advocacy interventions, together with social policy development and monitoring, will be the primary strategies. Service delivery will be rationalized and integrated to improve cost-effectiveness. Intersectoral efforts will focus on reducing regional disparities in service delivery. Community ownership of projects will

be developed through capacity-building and a multi-pronged approach to education and communication. Partners will include the national, local and private media, and the publicity units of ministries. Advocacy will help to raise the level of awareness among communities and families on issues relating to children and mothers. Gender disparities will be addressed at various levels, including the collection of disaggregated data, the revision of educational materials for gender sensitivity and the creation of awareness of women's issues within households.

12. The cooperation will involve NGOs, the private sector and civil society so as to establish a wider network of organizations for implementation, fund-raising and promotion. Data and information on children and women will be collected, analysed and made available to the public under the aegis of an appropriate government institution. The triple A (assessment, analysis and action) approach will be adopted for service delivery. Facts for Life messages will be used increasingly in basic education and health services, and policies to improve the situation of women and girls will be encouraged.

13. Capacity-building at the community level will be a principal strategy. Midwives will be trained as key agents of change at the village level to improve the quality of service at the first point of contact within the health system. Hidden hunger, resulting from iodine, vitamin A and iron deficiencies, will be addressed, and child growth monitoring capacity will be built into the PHC system. Low-birth-weight infants will be followed closely, and mothers will be educated on growth monitoring and food supply. Food and nutritional information will be included in women's development and income-generation services. The expansion of adult education, especially in terms of volunteer training, and community- and family-based early childhood development and primary education will be initiated and sustained through capacity-building and demonstration activities.

14. The Government will be encouraged to prioritize problems, adopt macro-policies and focus health policy on reducing neonatal and maternal mortality. The use of more affordable and proven health technologies will be encouraged. Public education and promotion campaigns will encourage breast-feeding. The use of both traditional (puppet theater, drama, songs and music) and new communication channels for formal education activities will be widened.

15. Monitoring committees, spearheaded by governors, will encourage involvement at the local level. Monitoring and evaluation of programmes at all levels, including the field, will be organized to strengthen intersectoral and inter-agency linkages.

16. There is scope to mobilize national resources more effectively for children, particularly through cooperation with the National Committee for UNICEF. NGOs, private companies and civil groups also will have an opportunity to contribute to fund-raising efforts.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Capacity-building and service delivery	1 968	3 000	4 968
Empowerment	1 378	2 100	3 478
Advocacy and social policy development	886	853	1 739
Monitoring	689	1 648	2 337
Total	4 921	7 601	12 522

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

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COUNTRY PROGRAMME STRATEGY NOTE**

Lebanon

SUMMARY

The Executive Director presents the country programme strategy note for Lebanon for a programme of cooperation for the period 1997 to 2001.

Emerging from 15 years of civil war that has wreaked havoc on its economy and destroyed infrastructure for the delivery of basic services, Lebanon has embarked on a process of healing and reconstruction in which the Government, the private sector, non-governmental organizations (NGOs) and individuals are all playing a part. Some basic indicators such as the infant mortality rate and primary school enrolment, which worsened considerably during the war, have come back to pre-war levels, and Lebanon has succeeded in achieving most of the mid-decade goals. However there are still significant regional disparities and problems of sustainability, quality and capacity-building for long-term development.

The Government of Lebanon has initiated a reconstruction and development plan, Horizon 2000, and the agencies of the United Nations, including UNICEF, are developing a country strategy note that supports and complements this effort. Within that context, the strategic focus for this programme cycle will be on capacity-building with the Government and NGOs in basic health, primary education, and children and women in especially difficult circumstances. The programme will include a special focus on the most underserved regions of the country. These efforts will be supported by a cross-cutting strategy of advocacy for implementation of the Convention on the Rights of the Child and social mobilization for the goals.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. The recently-ended civil war in Lebanon continues to affect the well-being of children and women. Twenty-eight per cent of families live in absolute poverty; of these, 75 per cent live in rural areas and 25 per cent in urban areas. Women and children are increasingly in the labour market to meet the basic needs of their families, with children perhaps accounting for up to one third of the paid labour force.

2. The Lebanese war created a serious situation of children and women in especially difficult circumstances. More than 800,000 people were forced to leave their homes during the war, and about 450,000 of them remain displaced. Some 53,000 children have physical and/or mental disabilities, and strategies have yet to be developed to deal with this problem. Ten per cent of the country remains under occupation, which impacts women and children most.

3. Many of the mid-decade goals have been met at the national level, e.g. coverage for combined diphtheria/pertussis/tetanus vaccine and three doses of oral polio vaccine increased from 82 per cent in 1990 to 92 per cent in 1994. Use of oral rehydration therapy rose from 45 to 82 per cent in the same period. There has been only one case of polio since 1992. All salt available for human consumption is now iodized. In education, enrolment at the primary level is already high - 96 per cent - with no evident gender disparity. However, 70 per cent of the secondary school students drop out, a sign of inadequate quality of education. Repetition rates are high, and 62 per cent of all children in the primary cycle are over age. Nationally, infant and under-five mortality rates are estimated at 32 (1994) and 40 per 1,000 live births, respectively. Seventy-four per cent of infant deaths occur in the first month, mainly from congenital malformations, premature births and low birth weight. Acute respiratory infections are the largest single cause of infant and child mortality and morbidity. However, these numbers mask severe problems in underserved and conflict-affected areas. In the Beirut suburbs, the infant mortality rate (IMR) is estimated to be three times higher than in the town itself; 60 per cent of all under-five mortality occurs in the Beqa'a and the northern areas, where only 25 per cent of the total under-five population live.

4. The private sector provides about 85 per cent of health services. Private schools enrol 73 per cent of the students. In remote areas, both the Government and non-governmental organizations (NGOs) serve the poorer population, although the quality of services is generally not high.

LESSONS LEARNED FROM PAST COOPERATION

5. Achievement of the mid-decade goals became possible with the use of strategies aimed at capacity-building through extensive training of government agencies and NGOs. As a whole, cooperation with national and local NGOs was positive. However, NGOs sometimes lacked sufficient experience and managerial skills. Thus, UNICEF and the Government will strengthen the role of NGOs with respect to greater effectiveness and sustainability of their efforts.

6. To enhance cooperation, UNICEF supported cooperation between the private and the public sectors which was a success, for example, with medical and paramedical schools and associations, and in basic education, particularly in the framework of the Global Education Initiative and the Learning Achievements project. Likewise, integrated approaches, combining water supply and sanitation activities with the control of diarrhoeal diseases (CDD) as components of the health programme, proved to be extremely effective.

7. In the least developed regions, specially designed activities in immunization and CDD were effective. Another major lesson was the importance of maintaining an emergency response capacity, as was shown during the military operations that occurred in south Lebanon and West Beqa'a.

8. Awareness-raising campaigns, the dissemination of knowledge and health education aimed at women led to improvements in the numbers of children taken to immunization points or treated quickly for respiratory and diarrhoeal infections.

9. National data for planning and monitoring were generally insufficient. Therefore, a major requirement is to develop cost-effective national data collection and evaluation mechanisms for use by the Government, the private sector and NGOs.

PROPOSED COUNTRY PROGRAMME STRATEGY

10. Given the considerable success of strategies to achieve the mid-decade goals and the lessons learned in the process, the next country programme aims to achieve and sustain the decade goals at the national level, with particular reference to maternal and child health (MCH), basic education and children and women in especially difficult circumstances; and to narrow the gap in the underserved regions by 25 per cent. This will be achieved principally through strengthening national capacity, particularly extending coverage and effectiveness of basic services, local training, improving data for planning and monitoring, and advocacy and social mobilization. The programme cycle is harmonized with those of the United Nations Development Programme and the United Nations Population Fund, and the development of the proposed country programme strategy for children has benefited from contributions from other United Nations agencies. UNICEF also is cooperating with the Government and other United Nations organizations in preparing the United Nations country strategy note.

11. The new country programme strategy will be three-pronged and comprise: (a) national interventions, including health, education, the Convention on the Rights of the Child and children in especially difficult circumstances; (b) area-focused and multisectoral interventions for high-risk and less developed areas; (c) and cross-cutting interventions, including advocacy and social mobilization. The national programmes will help to sustain and expand achievements, for example, in the expanded programme on immunization and CDD. UNICEF will assist the training of personnel from national and local government and NGOs, provide managerial support for government agencies to improve the coverage and quality of services, and provide limited supplies and equipment. Technical assistance will cover the Ministries of Health, Education and Social

Affairs, and municipalities and local administration. UNICEF also will continue to help NGOs fulfil their roles in the national recovery process.

12. The area-focused strategy will cover geographic pockets where children and women are at highest risk, and where social indicators, with respect to the decade goals and the realization of child rights, are significantly below the levels of national achievements. Most of the areas will be urban slums, underserved rural regions, occupied zones and sites with displaced persons. Local communities and institutions will participate in and draw on the national capacity-building programme for support. UNICEF support will help to extend and improve MCH services, pre-primary and primary education, water supply and sanitation, and initiatives for children in especially difficult circumstances. If required, emergency interventions will be supported so as to contribute to longer-term development efforts.

13. Through the cross-cutting interventions, UNICEF will support advocacy to keep child rights high on the national agenda and to develop approaches that address the provisions of the Convention by programme-specific interventions.

14. The programme will support the collection and analysis of basic data pertaining to the situation of children and women. UNICEF cooperation will complement the assistance of other donors who assist in strengthening Government capacity in systematic data collection and analysis. This is vital for more effective planning, monitoring and evaluation processes, as well as for advocacy on child rights' issues.

15. In health, the main objective will be to reduce IMR and the under-five mortality rate to 27 and 35 per 1,000 live births, respectively, and to reduce by 25 per cent the gap between national indicators and those of underserved areas. UNICEF will support a major sharpening of the strategy, which is a focus on improving prenatal, perinatal and post-natal care for the reduction of IMR. The new strategy also will emphasize attention to improved service delivery in underserved areas and support to primary health care and social development centres. It will target families and mothers, providing health information, and strengthen coordination among the public and private sectors and NGOs.

16. The country programme strategy provides for the phasing-out of two supply intensive projects, water supply and sanitation and essential drugs, which will be taken over by the Government. Technical and logistical assistance, however, will continue to contribute to the revitalization of basic services in underserved and high-risk areas.

17. An improved education management information system is essential for solving the problem of the high drop-out rate and for achieving and sustaining the objective of at least an 80 per cent completion rate of intermediate-level students. To address issues of relevance and quality of education, the Ministry of Education is beginning to adopt the principles of the Global Education Initiative advocated by the United Nations Educational, Scientific and Cultural Organization and UNICEF. Working with both the public and private sectors, UNICEF will support efforts to reduce qualitative disparities and promote better utilization of local experience and expertise.

18. In the aftermath of the civil war, the national healing process will be supported through the "Education for Peace" project pioneered by UNICEF. With little prospects for sustainability, this project, which NGOs have carried out exclusively, will now be brought into the mainstream of formal and non-formal education systems, with NGO cooperation.

19. The limited data available on child labour and children suffering from physical, psycho-social and learning disabilities show an alarming situation. For street children, children in jail and impoverished female-headed households, there is little data available. However, their numbers are probably significant. UNICEF will continue to assist the Ministry of Social Affairs and NGOs in gathering information to help develop a national strategy and programmes to address their needs and rights.

20. Strengthening the role of women as change agents and decision makers will be a priority strategy. The gender perspective will be integrated into capacity-building and area-focused programmes. Data will be disaggregated by gender as part of management information systems. Gender-sensitivity training of government and NGO staff will be a priority. UNICEF will support the training of women for income-earning skills and access to credit, particularly for female heads of households and those in high-risk districts.

21. Advocacy, social mobilization and communications will continue to aim at keeping children high on the public agenda, promote legislation in line with the Convention on the Rights of the Child, secure more resources for human development using the "20/20" concept, forge alliances for children among the Government, the private sector and NGOs, and strengthen communications to improve knowledge, attitudes and practices of the family.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health	1 700	3 300	5 000
Education	1 200	3 400	4 600
Children in especially difficult circumstances	600	2 800	3 400
Advocacy and communication	750	-	750
Planning, monitoring and evaluation	750	-	750
Total	5 000	9 500	14 500

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.